

St. John's Lutheran Church & School
262-334-4901 262-334-3077
809 S. 6th Ave. 899 S. 6th Ave.
West Bend, WI 53095 West Bend, WI 53095

SPECIAL EVENT FORM

\$250.00 deposit required

(Negotiable / Optional at the discretion of the Business Manager)

This request is to be completed for all special events at the church or the school (excluding regularly scheduled meetings or events). Please submit to the Business Manager at least **two weeks prior** to the start of the event. Incomplete forms will be returned to the originator.

Title of Event: _____

Further Description/Purpose: _____

Individual in Charge of Event: _____ Phone: _____

Contact / Support Individual: _____ Phone: _____

St. John's Organization / Committee / Sponsoring Event: _____

Start Day / Date: _____ End Day / Date: _____

Beginning Time: _____ Ending Time: _____

Special Setup time or decorating time: _____

Estimated Number of Attendees: _____

Room / Location Reserved: _____

If any special facility needs are required (room/ seating arrangement, etc.) please explain and attach a diagram if needed: _____

Equipment rental / use: _____

The following items must be done in order for the full deposit to be returned

- | | |
|---|--|
| <input type="checkbox"/> Decorations done and disposed of | <input type="checkbox"/> Toilets flushed |
| <input type="checkbox"/> Garbage to be collected and taken over to the school dumpsters | <input type="checkbox"/> Turn Lights Off |
| <input type="checkbox"/> Everything is back where you found it | <input type="checkbox"/> Keys returned |
| <input type="checkbox"/> Close all door and make sure they are locked upon leaving | |
| <input type="checkbox"/> Any items left after the event / function will be thrown away | |

Form Originator: _____ Date: _____

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

Approval: _____ Date: _____